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CONFIRMATION NO. 2262

<b>SERIAL NUMBER</b> 10/560,655	<b>FILING OR 371(c) DATE</b> 08/11/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 66146-50664	
<b>APPLICANTS</b> Paul D. Olivo, St. Louis, MO; Peter L. Collins, Silver Spring, MD; Mark E. Peeples, Bexley, OH;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/18783 06/14/2004 which claims benefit of 60/478,521 06/13/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/29/2006</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 21888					
<b>TITLE</b> NEGATIVE STRAND RNA VIRUS REPLICON					
<b>FILING FEE RECEIVED</b> 1530	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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